

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

1. TRANSMITTAL NUMBER:
03-12

2. STATE
Nevada

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE
January 1, 2004

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

Title VI of the Civil Rights Act of 1964 (42 USC 2000d et.seq.)

7. FEDERAL BUDGET IMPACT:

a. FFY 2004 \$ (\$5000)

b. FFY 2005 \$ (\$5000)

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Section 7.2, page 87

Attachment 7.2A, pgs 1-3

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

Section 7.2, page 87

Attachment 7.2A, pgs 1-3

10. SUBJECT OF AMENDMENT:

Update the Nondiscrimination section to Civil Rights and update legal citations to include other applicable Civil Rights laws and regulations.

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Michael J. Willden

14. TITLE:

Director, DHR

15. DATE SUBMITTED:

JAN 16 2004

16. RETURN TO:

John A. Liveratti, Chief

DHCFP/Medicaid

1100 East William Street, Suite 102

Carson City, Nevada 89701

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

November 26, 2003

18. DATE APPROVED:

February 2, 2004

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

January 1, 2004

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

Linda Minamoto

22. TITLE Associate Regional Administrator
Division of Medicaid & Children's Health

23. REMARKS:

Block 17 - Original HCFA-179 received on November 26, 2003

State Plan Amendment (SPA) 03-12

NEVADA STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

Page 87, Section 7.2

Citation

7.2

Civil Rights

45 CFR Parts
80, 84, 90, 1321
28 CFR Parts
35, 36

In accordance with:

- Title VI of the Civil Rights Act of 1964 (42 USC 2000d et. seq.),
- The regulations at 45 CFR Part 80,
- Section 504 of the Rehabilitation Act of 1973 (29 USC 70b),
- The regulations at 45 CFR Part 84,
- The Age Discrimination Act of 1975 (42 USC 6101-6107)
- The regulations at 45 CFR Part 90,
- Title II of the Americans with Disabilities Act of 1990 (Public Law 101-336),
- The regulations at 28 CFR Part 35,
- The Patient Self-Determination Act of 1990 (42 USC 1395),
- The Older Americans Act of 1965 and the Older Americans Act as Amended 2000 (Public Law 89-73, Public Law 106-501, 42 USC 3001), and
- The regulations at 45 CFR Part 1321

the Nevada Division of Health Care Financing and Policy assures that no individual shall be subjected to discrimination under this plan on the grounds of race, color, national origin, sex, religion, age or disability (including AIDS and related conditions), and that all individuals admitted to acute or long-term care facilities or programs will be informed of their right to self-determination with regard to health care decisions.

The Nevada Division of Health Care Financing and Policy has methods of administration to assure that each program or activity for which it receives Federal financial assistance will be operated in accordance with the above listed regulations. These methods are described in ATTACHMENT 7.2A.

Civil Rights Compliance Plan – Attachment 1

TN No. 03-12

Supersedes

TN No. 92-5

Approval Date FEB 2 2004

Effective Date 1/1/04

HCFA ID: 7982E

NEVADA STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nevada

Attachment 7.2A

Page 1

Methods for administration of the State Plan in accordance with Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, Title II of the Americans with Disabilities Act of 1990, the Patient Self-Determination Act of 1990, 45 CFR Parts 80, 84 and 90, and 28 CFR Part 35 are:

1. The Nevada Division of Health Care Financing and Policy (DHCFP) will inform and instruct its staff members concerning their obligations under the above Acts and Regulations by:
 - a. Making current policies and procedures regarding Civil Rights requirements for employees and Medicaid providers, available to all DHCFP employees.
 - b. Posting DHCFP's "Civil Rights Non-Discrimination Notice" in each district office and central office.
 - c. Providing training for new staff members on the Civil Rights requirements and staff obligations for carrying out the policies. Providing training for existing staff members when requirements or policies and procedures change.
 - d. Providing training for supervisory staff on non-discrimination hiring and employment practices.
 - e. Conducting through supervisory channels, constant review of policies and practices to assure that no individual is being discriminated against on the basis of race, color, national origin, sex, age, religion, or disability (including AIDS and related conditions); and taking corrective action as may be required to assure DHCFP's practices are consistent with the above stated Acts and Regulations.
2. DHCFP will inform and instruct providers of service or benefits under the Medicaid program of their obligations to comply with the above mentioned Acts and Regulations as a condition to their initial or continued financial participation in the Medicaid program. This will be accomplished by:

Civil Rights Compliance Plan – Attachment 1

TN No. 03-12

Supersedes

TN No. 89-10

Approval Date FEB 2 2004

Effective Date 1/1/04

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Attachment 7.2A

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- a. Providing written materials and personal explanations to providers regarding the requirements of the above mentioned Acts and Regulations, and DHCFP policies and procedures to implement these requirements.
 - b. Assuring when a provider conducts any activity or furnishes services under contract or other arrangement, that such activity will be conducted or such services will be furnished in accordance with DHCFP's obligations under the above stated Acts and Regulations. In appropriate cases, DHCFP will determine that the provider has executed assurances in the form prescribed by the Department of Health and Human Services which are in effect and applicable to the program under which the activity is conducted or the services are furnished. In other cases, DHCFP will take appropriate steps to satisfy itself that the provider has agreed to and is conducting the activity or furnishing the services in accordance with the provisions of the above stated Acts and Regulations. This includes stating in provider agreements the specific obligations of the providers regarding their activities and provision of services.
3. DHCFP will inform its recipients, potential recipients and other interested persons that:
- a. Services and other benefits under the Medicaid program are provided on a non-discriminatory basis as required by the above mentioned Acts;
 - b. They have the right to file a complaint with DHCFP or the United States Department of Health and Human Services, Office for Civil Rights if they believe that discrimination on the basis of race, color, national origin, sex, age, religion, or disability (including AIDS and related conditions) is being practiced.

DHCFP will provide written notice of the above information to all applicants and recipients. Appropriate explanatory statements will be included in public information materials which are available to interested persons and particularly to those individuals and groups who may be sources of referrals and applications.

4. All complaints concerning alleged discriminatory conditions or practices in the operation of the Medicaid program on the basis of race, color, national origin, sex, age, religion, or disability (including AIDS and related conditions) are to be filed with DHCFP or the Office for Civil Rights. Complaints filed with DHCFP will be investigated by DHCFP staff members

Civil Rights Compliance Plan – Attachment 1

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to determine if discriminatory practice has occurred. If supported, appropriate action will be taken to correct past practices and to prevent the recurrence of such discrimination.

DHCFP will advise the complainant in writing of its finding. The identity of the complainant shall be kept confidential except to the extent necessary to carry out the complaint procedure.

Complaints regarding economic discrimination by Medicaid facility providers will be referred to the Division for Aging Services for investigation in accordance with the Older American's Act.

DHCFP will maintain adequate records to show the action taken as a result of each complaint filed and will make such information available for Federal review.

5. DHCFP will require certain Medicaid and Medicare providers designated by the Office for Civil Rights and/or the Centers for Medicare and Medicaid Services to conduct and report the results of tri-annual self-evaluations of their compliance with the above-mentioned Civil Rights laws and regulations using the DHCFP provided self-evaluation tool. If the self-evaluations results are not satisfactory or timely, the providers will be required to cooperate with a DHCFP on-site compliance review in accordance with current DHCFP policies and procedures. Provider compliance with Civil Rights laws and regulations will also be reviewed during on-site visits by Division and Department personnel in conjunction with other business visits.

Civil Rights Compliance Plan – Attachment 1

TN No. 03-12

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